

General

Guideline Title

Preventive activities in middle age. In: Guidelines for preventive activities in general practice, 8th edition.

Bibliographic Source(s)

Preventive activities in middle age. In: Guidelines for preventive activities in general practice, 8th edition. East Melbourne (Australia): Royal Australian College of General Practitioners; 2012. p. 26-7.

Guideline Status

This is the current release of the guideline.

Recommendations

Major Recommendations

Age-Related Health Checks in Middle Age

| Age | What Should Be Done? |
|-------------|--|
| 45–49 years | <p>Ask about:</p> <ul style="list-style-type: none"> • Smoking, nutrition, alcohol and physical activity (SNAP) and readiness to change. See the NGC summary of the Royal Australian College of General Practitioners (RACGP) guideline Prevention of chronic disease. • Risk of diabetes using Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK). See the NGC summary of the RACGP guideline Prevention of vascular and metabolic disease. Also see Appendix 4 in the original guideline document. • Depression in increased risk groups (past history, physical illness, other mental problems, etc.). See the NGC summary of the RACGP guideline Psychosocial. • Risk factors for osteoporosis. See the NGC summary of the RACGP guideline Osteoporosis. • Skin cancer. See the NGC summary of the RACGP guideline Early detection of cancers. <p>Measure:</p> <ul style="list-style-type: none"> • Weight, height (calculate body mass index [BMI]) and waist circumference. See the NGC summary of the RACGP guideline Prevention of chronic disease. • Blood pressure (BP). See the NGC summary of the RACGP guideline Prevention of vascular and metabolic disease. • Fasting lipids. See the NGC summary of the RACGP guideline Prevention of vascular and metabolic disease. |

| Age | What Should Be Done |
|-------------|--|
| | <p>• Fasting blood glucose in patients at high risk of diabetes. See the NGC summary of the RACGP guideline Prevention of vascular and metabolic disease.</p> <p>Perform:</p> <ul style="list-style-type: none"> • Pap test every 2 years. See the NGC summary of the RACGP guideline Early detection of cancers. • Mammography if family history indicates high risk. See the NGC summary of the RACGP guideline Early detection of cancers. <p>Calculate:</p> <ul style="list-style-type: none"> • Absolute cardiovascular risk. See Appendix 5 in the original guideline document. |
| 50–59 years | <p>Ask about:</p> <ul style="list-style-type: none"> • SNAP and readiness to change. See the NGC summary of the RACGP guideline Prevention of chronic disease. • Risk of diabetes using AUSDRISK. See the NGC summary of the RACGP guideline Prevention of vascular and metabolic disease. Also see Appendix 4 in the original guideline document. • Depression in increased risk groups (past history, physical illness, other mental problems, etc.). See the NGC summary of the RACGP guideline Psychosocial. • Risk factors for osteoporosis. See the NGC summary of the RACGP guideline Osteoporosis. • Skin cancer. See the NGC summary of the RACGP guideline Early detection of cancers. <p>Measure:</p> <ul style="list-style-type: none"> • Weight, height (calculate BMI) and waist circumference. See the NGC summary of the RACGP guideline Prevention of chronic disease. • BP. See the NGC summary of the RACGP guideline Prevention of vascular and metabolic disease. • Fasting lipids. See the NGC summary of the RACGP guideline Prevention of vascular and metabolic disease. • Fasting blood glucose in patients at high risk of diabetes. See the NGC summary of the RACGP guideline Prevention of vascular and metabolic disease. • Urinalysis for protein. See the NGC summary of the RACGP guideline Prevention of vascular and metabolic disease. <p>Perform:</p> <ul style="list-style-type: none"> • Pap test every 2 years. See the NGC summary of the RACGP guideline Early detection of cancers. • Colorectal cancer (CRC) screening with faecal occult blood testing (FOBT) at least every 2 years. See the NGC summary of the RACGP guideline Early detection of cancers. • Mammography every 2 years. See the NGC summary of the RACGP guideline Early detection of cancers. • Vaccination for diphtheria, tetanus, acellular pertussis (dTPa). Consider influenza and pneumococcal vaccination if high risk. See the NGC summary of the RACGP guideline Communicable diseases. <p>Calculate:</p> <ul style="list-style-type: none"> • Absolute cardiovascular risk (see Appendix 5 in the original guideline document) |

Preventive Interventions in Middle Age

| Intervention | Technique | References |
|-----------------------|--|---|
| Health education | Tailor health advice or education to the patient's risk, stage of change and health literacy (see Section II, "Patient education and health literacy" in the original guideline document). | Cassidy, 1999 |
| Practice organisation | Use clinical audit to identify patients who have not had preventive activity. Recall to practice or opportunistically arrange a health check. | Royal Australian College of General Practitioners, 2006 |

Clinical Algorithm(s)

None provided

Scope

Disease/Condition(s)

- General health and wellbeing
- Cancer (breast, cervical, colorectal, skin)
- Hyperlipidaemia
- Cardiovascular disease
- Diabetes
- Depression
- Osteoporosis

Guideline Category

Prevention

Risk Assessment

Screening

Clinical Specialty

Cardiology

Family Practice

Infectious Diseases

Internal Medicine

Obstetrics and Gynecology

Oncology

Preventive Medicine

Rheumatology

Intended Users

Advanced Practice Nurses

Health Care Providers

Nurses

Physician Assistants

Physicians

Psychologists/Non-physician Behavioral Health Clinicians

Public Health Departments

Guideline Objective(s)

- To facilitate evidence-based preventive activities in middle age in primary care
- To provide a comprehensive and concise set of recommendations for patients in general practice with additional information about tailoring risk and need
- To provide the evidence base for which primary healthcare resources can be used efficiently and effectively while providing a rational basis to ensure the best use of time and resources in general practice

Target Population

Low-risk individuals aged 45 to 64 years (i.e., middle-aged) living in Australia, including Aboriginal and Torres Strait Islander people

Interventions and Practices Considered

1. Asking about:
 - Smoking, nutrition, alcohol, and physical activity (SNAP) and readiness to change
 - Risk of diabetes using Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK)
 - Depression in increased risk groups
 - Risk factors for osteoporosis
 - Skin cancer
2. Measuring:
 - Weight, height, waist circumference, with calculation of body mass index (BMI)
 - Blood pressure
 - Fasting lipids
 - Fasting blood glucose in patients at high risk of diabetes
 - Urinalysis for protein
3. Pap test every 2 years
4. Mammography every 2 years
5. Colorectal cancer screening with faecal occult blood testing (FOBT) at least every 2 years
6. Vaccination for diphtheria, tetanus, acellular pertussis (dTpa)
7. Influenza and pneumococcal vaccination if high risk
8. Calculation of absolute cardiovascular risk

Major Outcomes Considered

- Frequency of management of smoking, nutrition, alcohol and physical activity (SNAP) behavioural risk factors
- Frequency of screening for cervical and colorectal cancers
- Frequency of screening for hyperlipidaemia
- Early detection of diabetes and provision of preventive care in indigenous populations
- Effectiveness of interventions to address multiple risk factors

Methodology

Methods Used to Collect/Select the Evidence

Hand-searches of Published Literature (Primary Sources)

Hand-searches of Published Literature (Secondary Sources)

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

Sources of Recommendations

The recommendations in these guidelines are based on current, evidence-based guidelines for preventive activities. The Taskforce focused on those most relevant to Australian general practice. Usually this means that the recommendations are based on Australian guidelines such as those endorsed by the National Health and Medical Research Council (NHMRC).

In cases where these are not available or recent, other Australian sources have been used, such as guidelines from the Heart Foundation, Canadian or United States preventive guidelines, or the results of systematic reviews. References to support these recommendations are listed. However, particular references may relate to only part of the recommendation (e.g., only relating to one of the high-risk groups listed) and other references in the section may have been considered in formulating the overall recommendation.

Number of Source Documents

Not stated

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Levels of Evidence

| Level | Explanation |
|----------------|--|
| I | Evidence obtained from a systematic review of level II studies |
| II | Evidence obtained from a randomised controlled trial (RCT) |
| III–1 | Evidence obtained from a pseudo-randomised controlled trial (i.e., alternate allocation or some other method) |
| III–2 | Evidence obtained from a comparative study with concurrent controls: <ul style="list-style-type: none">• Non-randomised, experimental trial• Cohort study• Case-control study• Interrupted time series with a control group |
| III–3 | Evidence obtained from a comparative study without concurrent controls: <ul style="list-style-type: none">• Historical control study• Two or more single arm study• Interrupted time series without a parallel control group |
| IV | Case series with either post-test or pre-test/post-test outcomes |
| Practice Point | Opinions of respected authorities, based on clinical experience, descriptive studies or reports of expert committees |

Methods Used to Analyze the Evidence

Systematic Review

Description of the Methods Used to Analyze the Evidence

Not stated

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

These *Guidelines for preventive activities in general practice*, 8th edition, have been developed by a taskforce of general practitioners (GPs) and experts to ensure that the content is the most valuable and useful for GPs and their teams. The guidelines provide an easy, practical and succinct resource. The content broadly conforms to the highest evidence-based standards according to the principles underlying the Appraisal of Guidelines Research and Evaluation.

The dimensions addressed are:

- Scope and purpose
- Clarity of presentation
- Rigour of development
- Stakeholder involvement
- Applicability
- Editorial independence

The Red Book maintains developmental rigour, editorial independence, relevance and applicability to general practice.

Screening Principles

The World Health Organization (WHO) has produced guidelines for the effectiveness of screening programs. The Taskforce has kept these and the United Kingdom National Health Services' guidelines in mind in the development of recommendations about screening and preventive care.

Rating Scheme for the Strength of the Recommendations

Grades of Recommendations

| Grade | Explanation |
|-------|--|
| A | Body of evidence can be trusted to guide practice |
| B | Body of evidence can be trusted to guide practice in most situations |
| C | Body of evidence provides some support for recommendation(s) but care should be taken in its application |
| D | Body of evidence is weak and recommendation must be applied with caution |

Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

Method of Guideline Validation

Peer Review

Description of Method of Guideline Validation

Not stated

Evidence Supporting the Recommendations

References Supporting the Recommendations

Cassidy CA. Using the transtheoretical model to facilitate behavior change in patients with chronic illness. *J Am Acad Nurse Pract.* 1999 Jul;11(7):281-7. [PubMed](#)

Royal Australian College of General Practitioners. Putting prevention into practice. Guidelines for the implementation of prevention in the general practice setting. Melbourne: RACGP; 2006.

Type of Evidence Supporting the Recommendations

The type of evidence supporting the recommendations is not specifically stated.

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

Planned health checks in middle-aged adults have been demonstrated to improve the frequency of management of smoking, nutrition, alcohol and physical activity (SNAP) behavioural risk factors, and to improve the frequency of screening for cervical and colorectal cancers and hyperlipidaemia in general practice. There is also evidence that indigenous health checks improve early detection of diabetes and provision of preventive care. There is mixed evidence for the effectiveness of interventions to address multiple risk factors.

Potential Harms

Not stated

Qualifying Statements

Qualifying Statements

- The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. Nor is this publication exhaustive of the subject matter. Persons implementing any recommendations contained in this publication must exercise their own independent skill or judgement or seek appropriate professional advice relevant to their own particular circumstances when so doing. Compliance with any recommendations cannot of itself guarantee discharge of the duty of care owed to patients and others coming into contact with the health professional and the premises from which the health professional operates.
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- These guidelines have not included detailed information on the management of risk factors or early disease (e.g., what medications to use in treating hypertension). Similarly, they have not made recommendations about tertiary prevention (preventing complications in those with established disease). Also, information about prevention of infectious diseases has been limited largely to immunisation and some sexually transmitted infections (STIs).

Implementation of the Guideline

Description of Implementation Strategy

For preventive care to be most effective, it needs to be planned, implemented and evaluated. Planning and engaging in preventive health is increasingly expected by patients. The Royal Australian College of General Practitioners (RACGP) thus provides the Red Book and *National guide to inform evidence-based guidelines*, and the Green Book (see the "Availability of Companion Documents" field) to assist in development of programs of implementation. The RACGP is planning to introduce a small set of voluntary clinical indicators to enable practices to monitor their preventive activities.

Implementation Tools

Chart Documentation/Checklists/Forms

Quick Reference Guides/Physician Guides

Resources

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Identifying Information and Availability

Bibliographic Source(s)

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Adaptation

This guideline has been partially adapted from Australian, Canadian, United Kingdom, and/or United States preventive guidelines.

Date Released

2012

Guideline Developer(s)

Royal Australian College of General Practitioners - Professional Association

Source(s) of Funding

Royal Australian College of General Practitioners

Guideline Committee

Red Book Taskforce

Composition of Group That Authored the Guideline

Taskforce Members: Dr Evan Ackermann (*Chair*), Chair, National Standing Committee for Quality Care, RACGP; Professor Mark Harris, Centre for Primary Health Care and Equity, University of New South Wales, National Standing Committee for Quality Care, RACGP; Dr Karyn Alexander, General practitioner, Victoria; Dr Meredith Arcus, General practitioner, Western Australia; Linda Bailey, Project Manager, Red Book Taskforce; Dr John Bennett, Chair, National Standing Committee for e-Health, RACGP; Associate Professor Pauline Chiarelli, School of Health Sciences, University of Newcastle, New South Wales; Professor Chris Del Mar, Faculty of Health Sciences and Medicine, Bond University, Queensland; Professor Jon Emery, School of Primary, Aboriginal and Rural Health Care, The University of Western Australia, National Standing Committee for Research, RACGP; Dr Ben Ewald, School of Medicine and Public Health, University of Newcastle, New South Wales; Dr Dan Ewald, General practitioner, New South Wales, Adjunct Associate Professor, Northern Rivers University Centre for Rural Health, and Clinical Advisor North Coast NSW Medicare Local; Professor Michael Fasher, Adjunct Associate Professor, University of Sydney, and Conjoint Associate Professor, University of Western Sydney, New South Wales; Dr John Furler, Department of General Practice, The University of Melbourne, Victoria; Dr Faline Howes, General practitioner, Tasmania; Dr Caroline Johnson, Department of General Practice, The University of Melbourne, Victoria, National Standing Committee for Quality Care, RACGP; Dr Beres Joyner, General practitioner, Queensland; Associate Professor John Litt, Department of General Practice, Flinders University, South Australia, Deputy Chair, National Standing Committee for Quality Care, RACGP; Professor Danielle Mazza, Department of General Practice, School of Primary Care, Monash University, Victoria, National Standing Committee for Quality Care, RACGP; Professor Dimity Pond, School of Medicine and Public Health, University of Newcastle, New South Wales; Associate Professor Lena Sanci, Department of General Practice, The University of Melbourne, Victoria; Associate Professor Jane Smith, Faculty of Health Sciences and Medicine, Bond University, Queensland; Dr Tania Winzenberg, Deputy Chair, National Standing Committee for Research, RACGP

Financial Disclosures/Conflicts of Interest

Not stated

Guideline Status

This is the current release of the guideline.

Guideline Availability

Electronic copies: Available in Portable Document Format (PDF) from the [Royal Australian College of General Practitioners \(RACGP\) Web site](#)

Availability of Companion Documents

The following are available:

- Preventive activities over the lifecycle – adults. Preventive activities over the lifecycle – children. Electronic copies: Available in Portable Document Format (PDF) from the [Royal Australian College of General Practitioners \(RACGP\) Web site](#) .
- Putting prevention into practice (green book). East Melbourne (Australia): Royal Australian College of General Practitioners; 2006. 104 p. Electronic copies: Available in PDF from the [RACGP Web site](#) .
- National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people. East Melbourne (Australia): Royal Australian College of General Practitioners; 2012. 100 p. Electronic copies: Available in PDF from the [RACGP Web site](#) .
- Supporting smoking cessation: a guide for health professionals. East Melbourne (Australia): Royal Australian College of General Practitioners; 2011. 80 p. Electronic copies: Available in PDF from the [RACGP Web site](#) .

In addition, the appendices of the [original guideline document](#) provide the AUDIT-C assessment tool, the Australian Type 2 Diabetes Risk Assessment (AUSDRISK) assessment tool, and the Australian cardiovascular risk charts.

Patient Resources

None available

NGC Status

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